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ABSTRACT

Consideration is given to several issues that challenge parents and professionals when faced with the need for group care for infants. Discussion concerns characteristics wanted in those providing care for infants; the need for continuity in care and stability of the caregiver staff; the need for staff to infant ratios that contribute to children's positive emotional development; the desirability of a language-rich caregiving environment; the need to nurture altruism in a systematic way by modeling empathy and kindness and disapproving aggression toward others; finding a balance between group and individual learning opportunities; sharing control and power with infants; the vital issue of caregiver training; and necessary elements of the caregiver training curriculum. (RH)

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ISSUES IN THE PROVISION OF QUALITY INFANT/TODDLER CARE

by Alice S. Honig, Ph.D

Infant/toddler caregiving is the scarcest commodity in the world of child care provision in any community. Yet many families are in desperate need of such care. Since under threes are often still in diapers and sometimes not too verbally fluent, many parents and even day care directors consider that almost anybody can be an acceptable "babysitter". A director may show this belief by deciding without qualms that it is quite suitable to shift a preschool teacher into lead teacher position in the new room the center is opening up to provide service for infants. Or, just as inappropriately, parents (who have sought long and hard for an excellent prekindergarten program to enroll their 4 year old) may accept any motherly figure who answers their ad for infant care services. The truth is that babies have unique emotional and bodily needs for individualized, knowledgeable care -- whether they are cared for in homes or in centers.

Babies are needy little persons who cry, suck vigorously, smile enchantingly and drape sensuously. They are often awake when adults would rather not be! Some babies have guts that do not work well and cause them much distress during the early months. Some babies are able to comfort themselves by getting a fist to mouth and quieting their crying, but only if a caregiver cuddles them or speaks to them with loving soothing tones. Other infants are quite vulnerable to a stranger's way of handling their bodies. They may cry insistently and be quite unsettled by their own lack of neurological sturdiness during the early months. Some babies do not readily find ways to interpret and integrate the mysterious new voices and handling styles of strange caregivers.

Given the special vulnerabilities of babies, let us consider a half-dozen issues that challenge parents and professionals when faced with the need for group care for infants.

The Infant Caregiver: A Special Partner

Babies need a special person who can tune into their signals of distress, tune into vague, none-too-specialized fussiness that communicates need. The diagnostic skills of a quality infant caregiver must be very well honed, first, to enhance accurate perceptive interpretations of infant need, and next, to provide prompt, tender, responsive care. Thus, the first critical issue for quality infant/toddler care is the choice of a caregiver. The quality infant caregiver is a special kind of nurturing person, with keen observation skills. Flexible, creative, comforting -- he or she has a calm style that radiates secure

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commitment to an infant's well-being, even when colic or other upsets seem to overwhelm a baby.

Some adults like babies well enough. But they are not sufficiently insightfully attuned to interpret distress signals. They do not react promptly, smoothly and effectively to comfort babies. Some adults in group care feel caught up in a routine cycle of endless feedings, diaper changings and chores. They do not glow with un-secret admiration and joy as they minister to babies. Yet clinical evidence and research tells us over and over that well-attached infants develop their secure feelings as they bask in the warmth and radiance of adult admiring glances, adult tender holding, adult delighted turn-taking-talk.

Some babies may easily adapt to a new caregiver; other babies, with less ability to cope with the anguish of an empty stomach or the frightening feeling of being held by different arms, may not adapt so easily. Finding persons gifted to become quality infant/toddler caregivers is a challenge for child care administrators and families.

Stability of Caregiver Staff

Infant group care suits some babies some of the time. But most babies need time to fall in love with their caregiver(s) slowly and at leisure over the first year of life. Infants need to sink deeper and deeper into that somatic certainty of the special relationship that nourishes and protects and is harmoniously available on a regular, predictable basis. When a working parent can only nurture the development of this intimate emotional relationship part of the time, and an infant is in group care, then it is crucial that familiar, stable, predictable persons be available.

In some group care programs staff turnover is very high, and switching caregivers around is commonplace. What Erikson (1963) so gracefully describes as the growth of trust, intimacy and confidence in caregivers requires continuity of care. Continuity permits a baby to relax into certainties in a sustained relationship he or she can count on. This then, is a second critical issue for infant care. And lack of stability may have particularly grim consequences for abused infants and toddlers who are more and more frequently court-ordered into group care as a respite for parents and as a putative enrichment and therapeutic program for the youngster.

For abused children, neglect and hurtful behaviors may have already jeopardized the baby's development of a basic hopeful, trusting, and essentially joyous attitude toward interactions with adults. In abused children's lives, parents may not have had the emotional wherewithal or skills to serve as havens of

comfort and security in the confusing newness of the baby's world. If the infant care facility is also chaotic, in terms of turnover, then changing faces and styles of handling may lead to a low-level depressive mood, or negative irritability and suspicious angers, or nervous always-on-the-go impulsivity. Bodily upsets may occur, such as feeding, bowel and sleep disturbances. Babies sometimes become hyperalert and tense with too much people-changing. They cannot settle their bodies into rhythmic, easy adjustments to routines. On the other hand, sometimes they "shut down" when subject to too much uninterpretable change and they sleep a great deal. Some bewildered babies suck and rock with vacant eyes rather than try to interpret and cope with all the different stimuli that frequent staff changes represent.

Staff to Infant Ratios: Economic Issues

A sub-issue that relates to stability of care flows from the fact that infant group care is the most expensive child care. Adults need to give a lot of body time as well as focused attention to infants, since cuddly/draping needs and holding for nursing are so fundamental to baby bodily well-being (Honig, 1981). Where legal or state guidelines do not safeguard the rights of infants to satisfaction of these fundamental needs, then staff ratios will be inadequate to guarantee a good start in emotional and mental health for babies. It is almost impossible to give this kind of attentive care to more than three or four infants per caregiver. Babies have a fundamental right to dominion over a caregiver's body. In some states, legal ratios of one adult for 8 infants effectively deny these rights to infants.

What can a quality program do? Where there is little legislative protection for optimal staff-infant ratios, especially around feeding and nap times, stress may increase sharply, and lead to the discouragements and burnout that result in high staff turnover. Under such conditions, centers may try to reach out into the volunteer community and search for ways to attract extra help. Ingenuity in recruitment of volunteers from Senior Citizen's Clubs, or from high school community internship programs, can safeguard staff sanity. Yet, of course, unless these helpers are available on a regular basis, they too may present problems of adaptation for infants. Nevertheless, at midday, extra familiar arms are often urgently needed to feed babies, to get sleepy babies washed up and diapered, to toilet two's and get them cooperatively down on cots, to rub backs and croon sleep songs. Community liason agencies can acquaint centers with such helpers and vice-versa. Agencies that can serve as centers for training volunteers might resolve some of these problems. But political action for more enlightened state regulations could resolve even more of these issues!

Language Power for Babies: A Critical Ingredient

Perhaps all this attention to cuddling, rocking and emotional nurturing has given the impression that cognitive and language skill building is only important for preschoolers and older children, and that all a baby needs are cuddles and smiles and body care. Indeed not. Intelligence grows mightily when cultivated well in the early years. Competence flows from the quality of attachment and the quality of intellective stimulation in the pre-three years (Carew, Chan & Halfar, 1976; Matas, Arend & Sroufe, 1978).

The power of language learning grows from the earliest interactions of caregivers and tiny infants. If adults take cooing turns with tiny ones, then by one month a baby earnestly regards a caregiver's eyes and often strains to reply with "uh" and throaty vowels to the coos of the admiring adult talking partner. Conversational turn-taking boosts a baby's feeling that baby language is important to adults (Honig, 1984). The sure feeling that your sounds count, that adults are pleasured by your communication attempts, that adults consider you an important partner in a meaningful activity (even though your initial repertoire is somewhat limited to gutterals and assorted vowels) -- all this adds to the power and pleasure of language experiences for babies.

Babies whose caregivers provide such opportunities will show evidence of advanced receptive language skills. They can point to the light on the ceiling, or the kitty in a picture book by nine or ten months. That baby may proudly wave bye-bye to a visitor on being asked to do so by a favorite caregiver from the safety of whose arms she can more easily regard the visitor. The baby can clap hands when asked to "patty cake" by a delighted caregiver who wants to show off baby's talents. That baby may also be advanced in expressive language, and say "li" for light, "ki" for kitty, "doggie," "eye," "nyum-nyum" for food and, of course, "mama" and "papa".

Early language games, songs, clear namings of objects and people and pictures increases an infant's language powers. The third critical issue, then is whether caregivers understand that building language power is one of the very important goals that they must embed in everyday caregiving routines. Diaper changes, bath times, dressing times become language interaction, language pleasure occasions. Food preparation time, when a toddler is tired and impatiently waits for a caregiver to serve up portions on plates, is a good time for chants that soothingly, slowly reassure:

Lunch will be ready soon. Mashed potatoes are coming

soon. Carrots are coming soon. Meat is coming soon. Your tummy is feeling hungry. You want to eat. You wish you could eat right away. Soon your lunch will be ready. We are getting your food ready right now.

Such a use of language helps a toddler tolerate the delay during which you dish out food. Adults by their language uses teach children that words can help one wait, words can express sad, angry, mad, joyful feelings. Words can be used to share ideas, to ease pain. The reason language development curriculum is a problem is that group day care personnel may not brain-storm enough on how they can embed language experiences within the ebb and flow of everyday ordinary activities. Even nose-wiping and shepherding toddlers through hallways can be used as occasions to give words and enrich concepts. Once a baby has words, he or she has a wondrous new resource. Along with entrancingly dimpled limbs, a rounded tummy and a dazzling smile, the baby now has words to lure adults into those sociable encounters that ensure an adult's attention, in the fullness whereof babies thrive.

Finding time to read regularly to babies may be a subsidiary issue here. Books can be read to individual babies or to a few babies tucked under your arms and leaning against your legs.

Reading to babies is a powerful booster of language development. In the beginning, just point to clear, single, colorful pictures that represent familiar items in the baby's world. Pictures of animals, clothing, foods and familiar faces will hold baby's attention. Use your public library and bring in armfuls of books. But beware. Toddlers love a story over and over and over.

For very young babies buy oilcloth or cloth books that can be tasted and squashed and wiped clean (as well as laminated cardboard books). Early book reading is not only a language experience but also a sensory one.

Be sure to keep a pile of old magazines. How proud your 11-month-old will be as she delightedly points to a doggie on a full page advertisement for pet food. Many babies love to read food boxes. They vigorously try to eat the peas from a colorful picture on a can. Keep books out on a low shelf so that they are easy for babies to reach. Make reading a pleasurable, cozy, lap and snuggle-close experience. Hook your babies on books! (Honig, 1985b, p. 78).

Baby Altruism: An Urgent Curricular Issue

Research on group care has shown that unless one is very careful to consider the importance of prosocial goals in a curriculum for infants and toddlers, then infant/day care may not have the

positive outcomes devoutly desired (Honig, 1985a). Finkelstein (1982) reported that kindergarten children, who had attended group care eight hours per day since infancy, carried out 15 times as many aggressions (mostly hitting) toward peers on playgrounds as did control children. Altruism must be nurtured. Along with safety and health and emotional and cognitive considerations, staff must build a pro-social curriculum for little ones. Marion Yarrow's research indicates (Pines, 1979) two of the most powerful forces for developing early altruism where a baby picks up a droppped toy for a peer, or strokes a crying baby's hair. Mothers of baby altruists categorically showed disapproval of their baby's use of aggression toward others and explained why. They were also loving and sympathetic parents who caressed and comforted their own baby when the little one was hurt or upset. Caregivers will need to include systematic experiences that promote interpersonal caring. They can model empathy and kindness. But they cannot take for granted that day care, because it is preeminently a social experience, will result "naturally" in more prosocial interactions.

Group vs. Individual Time: Choices for Learning

Group care of necessity means that a child care worker is responsible for several babies and/or toddlers. There is thus a strong tendency to try to "teach" the cognitive curriculum or the art curriculum to groups of little ones the way teachers do in "school". Sometimes this works out well. Toddlers may all enjoy swimming on the green rug like fishes, or smearing with finger paint while seated sociably together at a table. But much valuable learning goes on when a toddler comes up with an individual question or just wants some special time alone with a teacher. Little ones find the world very confusing. What does teacher mean when he says only to color the outside of the plate? Which part is that? Only by engaging in individual dialogues where an adult focuses in on the important information a toddler wants to share or focuses in on the confusion that a toddler wants cleared up can a little child get to that satisfying place in life when an idea or explanation becomes clear; a question has been answered in a way that is meaningful at the level of the toddler's understanding. "Dancing the developmental ladder" this way is easier in intimate encounters with a child (Honig, 1983a).

Teachers need to learn to watch for when they are emphasizing work in groups too exlusively. Some caregivers redirect a toddler too quickly to a group activity. Sometimes efficiently and quickly we steer a clingy toddler away, when he really needs some personal attention, when he needs an individual snatch of learning, communicating and clarification time with an adult. Small children need time to play alone, next to one another companionably in parallel play, in groups, and they also need time for individual focused caregiver attention and learning

interactions in the intimacy of a twosome. Finding a balance between group and individual learning opportunities so that every child can learn optimally is the challenge here. Adults must juggle mentally how cleanup times, diapering times, teachable moments that arise spontaneously, child initiated encounters, can be balanced so that little ones get enough individually tailored interaction time.

Person Problems: Self Actualization? Partnership With Parents?

Human service work has built in personal hazards. People who need to give a lot as people-helpers in their turn need support services so that they can feel renewed. Renewal comes not only from inner personal resources, but from outward positive encouragement (in monetary compensation, hopefully!) But imperatively infant teachers need clear communications from significant adults that caregiving work is valued and important, that sustained loving efforts with little ones are appreciated. Quality infant/toddler caregivers need supervisors who are available for problem solving, for suggestions, for giving feedback when necessary, or for simply lending a helping hand when teething troubles or diarrheas seem to be the dominating themes of the day. Material resources are necessary. But this fifth issue concerns the logistics of supplying interpersonal resources and supports critical for staff and family morale.

How can staff keep careful watch over tots, be greeting each baby personally in the morning, yet also be expected to spend personally attentive time relating to parents as each child arrives in the morning? Program administrators can lend helping hands, arms, and presence at such special times. Parents may feel rushed, tired, guilty, cranky at leaving babies in group care. For the sake of the infants and of family/staff relationships, special efforts to reach out and be supportive with parents must be made at beginnings and ends of days.

Yet caregivers too need supports when they are frustrated in encounters with parents (Honig, 1979). A parent may dash off telling you to give the baby his vitamins or not to let him nap, because then he stays up too late. Yet center policy may be that parents are responsible for giving vitamins, and that all toddlers require a nap/rest period each day. Perhaps a parent at pick-up time doesn't let Tasha finish building her block tower. He is in such a hurry to get his toddler dressed and home at the end of a tiring day. Staff must be supportive toward parents' needs. Yet they do not want Tasha to be dragged off disappointed, angry, crying. Having learned active listening skills, caregivers can ease the situation if they accurately reflect both the tiredness and impatience of the father as well as the eagerness of the child to finish a building project.

How can centers promote more harmony between how parents perceive children's needs and how staff perceive those needs? How can they come to more realistic assessments and agreements on the importance of the role and contribution each is making toward the infant's or toddler's development? Without active work to help resolve such issues, sometimes even adversarial relations develop between hard working staff and hard working parents - all of whom cherish the children! Keeping self-esteem high among staff should not result in putting parents down. Nor vice-versa! Case conferences and meetings with parents may help prevent an "Us-Them" schism. Still, some ongoing creative tensions and renewed needs for mutual understanding and adjustment efforts may be expected (Lurie and Newman, 1982).

Time is an important variable here. Time is needed for staff personal and professional growth and renewal. Time is a precious commodity for caregivers (Honig and Caldwell, 1982). Time allows one to plan for activities, to think about the individual needs of each infant, to assess the process of caregiving as it is affecting each child, and to meet the needs of families whose infants are in care.

Control and Power Issues

An important sub-issue here has to do with control and power. Are parents or caregivers more "in charge" of the infant's development? Are caregivers more knowledgeable and more responsible for meeting legal guidelines in centers? Can careivers and parents and administrators find mutually balancing ways for all to feel powerful and in control as they work toward the mutually agreed on goal of helping a baby flourish? Feelings on these issues may see-saw and back and forth. But thinking honestly and out-loud about them may help bring a measure of comfort and clarity to all involved.

Control problems also exist with respect to curriculum and the structure of times and spaces for infants and toddlers. Of course adults are "in charge" of nursery care. They set the parameters for safety, nutrition and health. But research indicates that babies who at 10 months have been given a healthy dose of control over adults grow up to be more sociable and venturesome as preschoolers (Martin, 1981).

Many choices belong with infants. When they are hungry, they should be fed, and not on rigid schedules. The timing of feedings should be controlled by the hungry baby's stomach signals.

The tempo of group care days also needs to recognize infant needs for an alternation of quiet resposeful intervals liberally sprinkled among planned activities and adult-initiated learning

encounters. Is child choice really permitted? It is fine if teachers and tots are energetically dancing like bears to a song playing on a cassette recorder outdoors. Yet if one two-and-one-half year old child chooses rather to spend that time digging in the sandbox, can he so choose? Consider the choices small children can be given throughout the day care day and environment that will allow them to feel efficacious and competent, while they are learning group care rules and the cooperative ways that group living requires. "Do you want juice or milk?" "Would you like to color with a red magic marker or a blue one?" are good choices to offer (Honig & Wittmer, 1982b). Asking a toddler who is usually resistant to nap time: "Joshua would you rather sleep with your head at this end of the cot or at this other end?" gives control to the child. More harmonious and compliant behaviors can result if caregivers realize how important a sense of choice and control may be in smoothing the way for a toddler's cooperation. Caregivers need to create classroom climates for compliance with teacher rules (Honig, 1985a). Offer judiciously chosen choices and generous opportunities for young ones to feel that their tempos and styles and personal creativity have not been violated. In so doing, you boost their self-esteem and willingness to cooperate. Of course, this precept applies for adults too...administrators take note!

Caregiver Training: Critical Ingredient for Quality Care

Training is an absolutely essential ingredient in helping adults learn to understand and respond sensitively to developmental needs of infants. The sixth critical issue, then, revolves around the difficulty in finding time and resources for training in most group care facilities.

One possible alternative for directors would be to seek out persons who are already well-trained in infant development when service expands to include infant care. But not all communities have such treasures readily available. So the issue arises again. How can training be systematically and thoroughly assured? Child care conferences, newsletters such as Beginnings, and Infant Mental Health are some training possibilities. Many articles and books are currently available for training center and family daycare workers (for example: Cataldo, 1983; Fowler, 1980; Honig, 1978, 1979, 1983b; Honig and Lally, 1981; Honig and Wittmer, 1982a; Lech, 1976, McDiarmid, et al., 1975; White, 1975; and Willis and Ricciuti, 1975.)

Some directors use nap times for training sessions. But adults often need a rest themselves when tiny ones nap. How can child care facilities find funds to pay caregivers to come in on weekends or evenings for training work? Also, staff have their own family and personal needs to attend to. There are serious and sometimes discouraging obstacles in the quest for ongoing,

insightful, professional training. County and state funds are needed to pay for community college evening courses. Grants from local philanthropic organizations are needed to fund training programs for infant caregivers on national holidays or during weekends. If children are our most precious resource, can industries that make contributions to promote other cultural resources be persuaded that our youngest citizens are a priceless cultural treasure whose care and flourishing merits financial support for caregiver training?

What Must Training Include?

Training should provide information about how infants and toddlers grow and develop. This requires theoretical frameworks that explain Mahler, Erikson, Piaget, and social learning theorists. A descriptive developmental framework should carefully detail milestones and variabilities in normal development during the early years. Caregivers will need to know, in addition to developmental milestones for normal and handicapped babies, what skills need to be in place for a baby before one can expect certain more mature behaviors. For example, learning to drink milk or juice without spilling requires a level of wrist control that may not be available until an infant is 15-18 months old. Being able to sit and attend to a 20 page story will be a much more difficult task for a baby whose family has never habitually read to him than it will be for a baby who is so hooked on reading that he can't settle well into a nap without a book - so accustomed is he for beloved adults to read to him at bed times.

Training will have to focus on the ecology of an infant care environment. Health and safety procedures and principles are priority topics. But so are aesthetics - creating a pleasant inviting cozy environment to live in. Big throw pillows, low couches, book and toy corners make an environment an inviting place to explore. Well-arranged spaces lure babies into persistent play with materials and into pleasurable social experiences. What kinds of materials will best help an infant learn on her own about spatial configurations? Nesting and stacking toys and blocks that can be piled up will serve well. Materials like water, sand and gooey play dough permit toddlers to create their own understandings of the physics and chemistry of materials. Judicious choices and placement of materials need careful consideration. So the problem of time-to-plan, time-to-arrange, arises again.

Training must include understandings of positive communication techniques, whereby power can be shared more equally, whereby the needs of each in a group care system can be fulfilled without damage to the self-esteem or the rights of others. Body language, eye language, voice tone, tempos and quality of muscle

tension or relaxation in holding infants - all these communicate messages. Caregivers will need to become adept at using "Active Listening" skills (Gordon, 1970). Negative comments or fretful misbehavior are common toddler problems. The trained professional can reflect distressed feelings empathically. Perceptive adults can help a youngster feel better understood,. Adults can give empowerment even to tiny children so that they feel more able to cope with their distress. Infants are encouraged by creative caregivers to interact more peacefully and positively with each other. Active listening and mirroring good will and appreciation for a little child are powerful techniques that build self-esteem (Briggs, 1970) and willingness to work at growing tasks.

Finally, training needs to provide research "ammunition" for child care workers. If a parent believes that picking up a crying baby will spoil him, if a parent believes that spanking a child who has had a toileting accident is the best way to shame her and train her, how can a caregiver respond? Caregivers need ammunition from research findings! For example, Stayton, Hogan and Ainsworth (1971) report, after observing babies in home situations during a year, that tender holding for feeding, giving lots of floor freedom, and prompt responsiveness to meet infant distress resulted in <u>less</u> crying by the end of the first year and <u>more</u> cooperative behavior as toddlers entered the "terrible twos" period. Matas, Arend and Sroufe (1978) report that securely attached babies, with sensitively attuned moms, were much more competent at solving tool-using problems in a laboratory when they were 2 1/2 years old. Securely attached infants grew up to be toddlers who cooperated more with their mothers' suggestions and persisted long in trying to solve the difficult problems. Such basic research knowledge can boost the morale of caregivers. It can make them serene and confident in meeting the needs of young infants for abundant cherishing care.

Since training is so vital, letter-writing, lobbying for funds, and strenuous community reach-outs by parents and staff may become necessary in order to marshall community resources and fiscal wherewithal. Training can help us build a thoroughly professional corps of infant/toddler caregivers. Quality training opportunities should be fought for by civic groups everywhere. Such opportunities assure that infants and toddlers in group care will be cared for by loving, knowledgeable, language-encouraging adults. To paraphrase Fraiberg (1977), such a caregiving milieu should be the birthright of every baby.

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